

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000093181**

1. Entity Name  
JIB, LLC



Principal Place of Business  
105 S. NARCISSUS AVENUE  
SUITE 200  
WEST PALM BEACH, FL 33401 US

Mailing Address  
105 S. NARCISSUS AVENUE  
SUITE 200  
WEST PALM BEACH, FL 33401 US



02192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-3769679

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fees Required

**6. Name and Address of Current Registered Agent**

JACOBSON, WILLIAM P  
105 S. NARCISSUS AVENUE  
SUITE 200  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME JACOBSON, WILLIAM P  
STREET ADDRESS 105 S. NARCISSUS AVENUE SUITE 200  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGRM  
NAME SONG, JI-ANG  
STREET ADDRESS 400 AUSTRALIAN AVENUE SUITE 600  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U000000660798  
03/20/07-80015-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM P JACOBSON 3/7/07 561-8374440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #